

NOTICE OF ACTION TO DENY A REQUEST FOR AN ARIZONA LONG TERM CARE SERVICE – PAGE 2

You can ask us to look at our decision again. This is called an appeal. You can have someone help you appeal or someone can appeal for you if you write telling us so. If you appeal you must contact the Division of Developmental Disabilities, Office of Compliance and Review. You can write or call the Office of Compliance and Review to appeal. Your call or letter must be received by _____ . (60 calendar days)

Before we make our decision, you can give us any information that you think will be helpful. You can ask us to set up a meeting so that you can give us the information in person, or you can give it to us in writing. You can also see your case file, including medical records and other information about your appeal, before you give us information and before we decide the appeal. After we review your appeal, we will send you our decision in writing. This decision is called the Notice of Appeal Resolution.

We will make a decision within 30 days. However, you may ask for a faster review of your appeal. This is called an "expedited appeal." You can ask for a faster review if your life or health could be in danger or your ability to attain, maintain or regain maximum function would be damaged by waiting the normal 30 days for a decision on your appeal. If your health care provider tells us this, the appeal will be decided in 3 working days. You may also ask us to decide the appeal in 3 working days. If you ask us yourself and we agree, we will make a decision in 3 working days. If you ask for a faster review (expedited appeal), tell us how your health will suffer if we take 30 days to decide your appeal. If we do not agree that a faster review is needed, we will write you within 2 days, and we will also try to call you. Then we will decide your appeal within 30 days.

For all appeals, up to 14 more days may be taken to make a decision on your case. This is called an extension. If we want an extension, we will write you and tell you why it is needed. If you want an extension, you can ask for it by writing or calling us.

If you have any questions about filing an appeal or if you need help, you can call the Division of Developmental Disabilities, Office of Compliance and Review, at **(602) 542-0419**.

Please send your written appeal to: Manager, Office of Compliance & Review
 Division of Developmental Disabilities, Site Code 791A
 P.O. Box 6123
 Phoenix, AZ 85005
 Telephone: (602) 542-0419 or Facsimile (602) 364-2850

DDD REPRESENTATIVE'S NAME	DDD REPRESENTATIVE'S SIGNATURE	DATE OF NOTICE
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Routing: **White** – Member; **Canary** – Case File

Equal Opportunity Employer/Program

Under Titles VI and VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.